

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019134

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2487

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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Rev. 4/591
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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

J.P. Mc Calla

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Registration District No. 149

149

Primary Registration District No. 1002

Registrar's No. 2487

2487

STATE FILE NUMBER

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

1 yr

c. FULL NAME OF (If NOT in hospital, give location)

JACKSON COUNTY HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JACKSON

c. CITY

OR TOWN

Raytown

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

7908 HARDY

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Edwin Joseph Swenson

4. DATE OF DEATH

Month Day Year
MAY 6 1962

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-19-1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY

Bd. of Ed. K.C. Mo.

11. BIRTHPLACE (City and state or country)

LeSueur Co. Minn

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph Swenson

13b. MOTHER'S MAIDEN NAME

Christine Wahalstrom

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Amanda Griger 7908 Hardy

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 4-1961 to May 5-62 and last saw him alive on May 5-62

Death occurred at 125 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J.P. McCalla, M.D.

Degree or title

22b. ADDRESS

Jackson Co. Hospital - Kansas City

Mo. 5-7-62

22c. DATE SIGNED

23. REMOVAL (Specify)

REMOVAL May 7, 1962

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

St. Peter

MINN.

24. FUNERAL DIRECTOR

ADDRESS

Hinton Funeral Home Raytown, Mo.

25. DATE RECD. BY LOCAL REG.

5-7-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Forrest D. Caldwell

Licensed Embalmer No. 4714

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.